

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/830114

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						61		/				
2		/					52		/				
3		/					63		/				
4		/					54		/				
5		/					65	/					
6		/					66		/				
7		/					67		/				
8		/					68		/				
9		/					69		/				
10	/						60		/				
11		/					61		/				
12		/					62		/				
13		/					63		/				
14		/					64						
15		/					65						
16		/					66						
17		/					67						
18		/					68						
19		/					69						
20		/					70						
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30		/					80						
31		/					81						
32		/					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37		/					87						
38		/					88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					96						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.							TOTAL IND.	3					
TOTAL DEP.							TOTAL DEP.	60					
TOTAL CLAIMS							TOTAL CLAIMS	63					